

TO: The Honorable Robert E. Gerber, United States Bankruptcy Judge, One Bowling Green, New York, New York. 10004.

FROM: Timothy L. Fitzpatrick, 117 S. Wilson Blvd., Mt. Clemens, MI 48043.

SUBJECT: Objection to the 114<sup>th</sup> Omnibus Objection to Claims.

EXHIBITS (attached): Exhibit A – Claims to be Disallowed and Expunged; Exhibit B – Proof of Claim #23057; Exhibit C – Explanation/Documentation of Losses; Exhibit D – Continuing Life Insurance Letter

DATE: 1/8/2011

Please be advised that I object to the 114<sup>th</sup> Omnibus Objection to Claims as it pertains to the “General Motors” Chapter 11 Case No. 09-50026(REG) and my claim #23057.

I believe my claim to be valid and should not be disallowed or expunged as sought by Weil, Gotshal and Manges LLP, the attorneys for Motors Liquidation Company.

In opposition to the Debtors finding that my claim should be disallowed and expunged (see Exhibit A) because the benefits have now been taken over by the New GM... I respectfully submit that this is not true. The loss of benefits claimed has not been assumed by the New GM and, in fact, remains the responsibility of the Old GM (Motors Liquidation Company).

The following is offered in defense of my position:

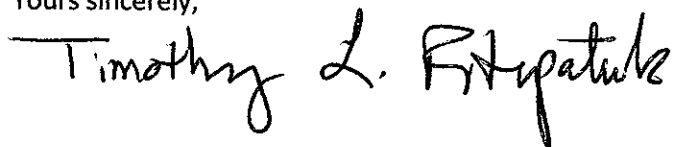
Please note that my total claim in the amount of \$226,717.00 (see Exhibit B) is comprised of a life insurance loss of \$79,880.00 and a health care benefit loss of \$146,837.00. (see Exhibit C for explanation and documentation of losses).

Regarding life insurance loss of \$79,880.00... admittedly, \$10,000.00 of life insurance was taken over by the New GM, but the “promise” of the remaining \$79,880.00 was not taken over by the New GM and therefore remains the responsibility of the Old GM (Motors Liquidation Company). The full amount of the life insurance given by the Old GM is considered to be a “promise” based on the wording in paragraph two of their own letter to me (see Exhibit D), which reads, ***“Our insurance records, as of the date of this letter, show the Continuing Life Insurance has now fully reduced to the ultimate amount of \$89,880.00. This ultimate amount will remain in effect for the rest of your life and is provided by General Motors at no cost to you.”*** This “promise” has not been fulfilled.

Regarding health care benefit loss of \$146,837.00... Please be advised that The New GM did not take over health care coverage. As a salaried retiree, and as a result of the bankruptcy, no health care coverage is offered to me, my wife, or my dependant son by the New GM. The health care coverage we once had has been lost.

Thank you for your consideration in this matter.

Yours sincerely,



114th Omnibus Objection

**Exhibit A**

Motors Liquidation Company, et al.  
Case No. 09-50026 (REG), Jointly Administered

**CLAIMS TO BE DISALLOWED AND EXPUNGED**


| Name and Address of Claimant   | Claim # | Debtor                     | Claim Amount and Priority (1)  | Grounds For Objection  | Objection Page Reference |
|--|---------|----------------------------|--|--|--------------------------|
| FITZPATRICK, TIMOTHY L<br>117 S WILSON BLVD<br>MOUNT CLEMENS, MI 48043 | 23057   | Motors Liquidation Company | \$0.00 (S)<br>\$0.00 (A)<br>\$0.00 (P)<br>\$226,717.00 (U)<br>\$226,717.00 (T) | No Liability; Claims seek recovery of amounts for which the Debtors are not liable | Pgs. 1-5                 |
| GENOVA ANDREW<br>13318 N MUNDY AVE<br>BITELY, MI 49309                 | 21885   | Motors Liquidation Company | \$0.00 (S)<br>\$0.00 (A)<br>\$0.00 (P)<br>\$103,232.00 (U)<br>\$103,232.00 (T) | No Liability; Claims seek recovery of amounts for which the Debtors are not liable | Pgs. 1-5                 |
| GENOVA ANDREW<br>13318 N MUNDY AVE<br>BITELY, MI 49309                 | 21886   | Motors Liquidation Company | \$0.00 (S)<br>\$0.00 (A)<br>\$0.00 (P)<br>\$193,382.00 (U)<br>\$193,382.00 (T) | No Liability; Claims seek recovery of amounts for which the Debtors are not liable | Pgs. 1-5                 |
| GERALD J CHIHAK<br>1150 PARROTT'S COVE RD<br>GREENSBORO, GA 30642      | 22040   | Motors Liquidation Company | \$0.00 (S)<br>\$0.00 (A)<br>\$0.00 (P)<br>\$307,500.00 (U)<br>\$307,500.00 (T) | No Liability; Claims seek recovery of amounts for which the Debtors are not liable | Pgs. 1-5                 |
| GERALD J ROSICKY<br>2232 RUTGERS DR<br>TROY, MI 48065                  | 26758   | Motors Liquidation Company | \$0.00 (S)<br>\$0.00 (A)<br>\$0.00 (P)<br>\$157,610.00 (U)<br>\$157,610.00 (T) | No Liability; Claims seek recovery of amounts for which the Debtors are not liable | Pgs. 1-5                 |
| HAMILL, PATRICIA A<br>4377 REFLECTIONS PKWY<br>SARASOTA, FL 34233      | 4389    | Motors Liquidation Company |  | No Liability; Claims seek recovery of amounts for which the Debtors are not liable | Pgs. 1-5                 |

Unliquidated

(1) In the "Claim Amount and Priority" column, (S) = secured claim, (A) = administrative expense claim, (P) = priority claim, (U) = unsecured claim and (T) = total claim. The amounts listed are taken directly from the proofs of claim, and thus replicate any mathematical errors on the proofs of claim. Where the claim amount is zero, unliquidated, unidentified, or otherwise cannot be determined, the amount listed is "0.00".

(2) Claims on the exhibit are sorted in alphabetical order based on the creditor name as listed on proof of claim form.

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| UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK  |  | PROOF OF CLAIM   |
|---|--|--|
| <b>Name of Debtor (Check Only One)</b><br><input checked="" type="checkbox"/> Motors Liquidation Company (f/k/a General Motors Corporation)<br><input type="checkbox"/> MLCS, LLC (f/k/a Saturn, LLC)<br><input type="checkbox"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)<br><input type="checkbox"/> MLC of Harlem, Inc (f/k/a Chevrolet-Saturn of Harlem, Inc)  |  | <b>Case No</b><br>09-50026 (REG)<br>09-50027 (REG)<br>09-50028 (REG)<br>09-13558 (REG)   |
| <small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.</small>  |  | <b>Your Claim is Scheduled As Follows.</b>   |
| <b>Name of Creditor (the person or other entity to whom the debtor owes money or property)</b> FITZPATRICK TIMOTHY L  | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim<br><br><b>Court Claim Number</b> _____<br>(If known)<br><br><b>Filed on</b> _____  | <br><br>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS. If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again. |
| <b>Name and address where notices should be sent</b><br><br>FITZPATRICK TIMOTHY L<br>117 S WILSON BLVD<br>MOUNT CLEMENS MI 48043-2138   |  |  |
| <b>Telephone number</b> 586-465-3659<br><b>Email Address</b> tfitzpatrick25@comcast.net   | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.  |  |
| <b>Name and address where payment should be sent (if different from above)</b><br><br>FILED - 23057<br>MOTORS LIQUIDATION COMPANY<br>F/K/A GENERAL MOTORS CORP<br>SDNY # 09-50026 (REG)   |  |  |
| <b>1 Amount of Claim as of Date Case Filed, June 1, 2009</b> \$ 226,717.00<br><small>If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.</small><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.   | <b>5 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a)</b><br><small>If any portion of your claim falls in one of the following categories, check the box and state the amount.</small><br><br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)<br><input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2))<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( )<br><b>Amount entitled to priority</b> \$ _____ |  |
| <b>2 Basis for Claim</b> LIFEINSURANCE AND HEALTH CARE BENEFIT LOSSES<br><small>(See instruction #2 on reverse side)</small>  |  |  |
| <b>3 Last four digits of any number by which creditor identifies debtor</b> 2379<br><br><b>3a Debtor may have scheduled account as</b> _____<br><small>(See instruction #3a on reverse side)</small>  |  |  |
| <b>4 Secured Claim</b> (See instruction #4 on reverse side)<br>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.<br><br><b>Nature of property or right of setoff</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other Describe _____<br><br><b>Value of Property</b> \$ _____ <b>Annual Interest Rate</b> ____ %<br><br><b>Amount of arrearage and other charges as of time case filed included in secured claim, if any</b> \$ _____<br><br><b>Basis for perfection</b> _____<br><br><b>Amount of Secured Claim</b> \$ _____ <b>Amount Unsecured</b> \$ _____                                  |  |  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.<br><b>7 Documents</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)<br><b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b><br><br>If the documents are not available, please explain in an attachment. |  |  |
| <b>Date</b> 11/9/09<br><br><b>Signature</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.<br><br>Timothy L. Fitzpatrick  | <b>FOR COURT USE ONLY</b>  |  |

## Exhibit C - Explanation/Documentation of Losses

### Life Insurance Loss

Basic Life Insurance provided by General Motors at time of retirement

(Based on letter dated Nov 15, 1999) \$89,880.00

Current amount of Basic Life Insurance provided by General Motors

(Based on U. S. Benefit Modifications) -\$10,000.00

Value of lost life insurance \$79,880.00

### Health Care Benefit Loss

(Based on GMRA notes and SSA actuarial tables)

1. (self) Annual post-65 benefit loss beginning 2010 \$1900.00

Number of years between 65 and full life expectancy X 16.73

Amount of loss (self) \$31,787.00

2. (spouse) Annual pre-65 benefit loss beginning 2010 \$1360.00

Number of years remaining until age 65 X 4

Amount of loss prior to age 65 \$5,400.00

Annual post-65 benefit loss beginning 2014 \$5,500.00

Number of years between 65 and full life expectancy (22.7-4) X 18.7

Amount of loss after age 65 \$102,850.00

Total lifetime loss (spouse) \$108,250.00

3. (Dependant son) Annual pre-65 benefit loss beginning 2010 \$1360.000

Number of years remaining until age 25 X 5

Amount of loss \$6,800.00

Total health care benefit loss for self, spouse, dependant son \$146,837.00

Grand total of life insurance loss and health care benefit loss **\$226,717.00**

**RETIREE SERVICING CENTER**  
P.O. Box 5113  
Southfield, Michigan 48086-5113  
**1-800-828-9236**  
1-800-872-8682  
TELECOMMUNICATION DEVICE FOR THE DEAF

Nov 15, 1999

Timothy L Fitzpatrick  
117 S. Wilson Blvd.  
Mt Clemens, MI 48043

Dear Timothy L Fitzpatrick:

As a retiree of General Motors with 10 or more years of participation in the Life and Disability Benefits Program, you are eligible for Continuing Life Insurance.

Our insurance records, as of the date of this letter, show the Continuing Life Insurance has now fully reduced to the ultimate amount of **\$89,880.00**. This ultimate amount will remain in effect for the rest of your life and is provided by General Motors at no cost to you.

This is not a guarantee of the coverage amount.

**IMPORTANT: YOU SHOULD KEEP THIS NOTICE WITH YOUR OTHER VALUABLE PAPERS.**

If you have any questions regarding this letter, you may call toll-free, **1-800-828-9236** (Telecommunication Device for the Deaf 1-800-872-8682), during normal business hours, or write to the address above.

Always include this Social Security number, **370-44-2379**, in all your correspondence.

**Retiree Servicing Center**

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